


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000062702 1. Entity Name KATHERINE HICKS, P.A.						FILED 05 OCT 12 PM 6:10 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1516 BRIKDALE LANE PONTE VEDRA BEACH, FL 32082				Mailing Address 1516 BRIKDALE LANE PONTE VEDRA BEACH, FL 32082			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent HICKS, KATHERINE 1516 BRIKDALE LANE PONTE VEDRA BEACH, FL 32082				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Katherine Hicks</u> <u>Katherine Hicks</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP DPST HICKS, KATHERINE 1516 BRIKDALE LANE PONTE VEDRA BEACH, FL 32082				TITLE NAME STREET ADDRESS CITY - ST - ZIP <div style="text-align: center;"> 300060547273 10/12/05--01048--002 **150.00 </div>			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE <u>Katherine Hicks</u> <u>Katherine Hicks</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>904 285-6679</u> <small>Daytime Phone #</small>			